NHS
Kingston
Clinical Commissioning Group

F1

Integrated Performance Report – October 2013

EXECUTIVE SUMMARY:

The October 2013 Performance Report is presented in three sections.

- A performance report exception scorecard and narrative covering areas of concern in respect of the latest position of 2013-14 CCG commissioning targets
- The CCG Assurance Framework Balance Scorecard Summary, showing progress against the national domains, linked back to the exception narrative where appropriate.
- The position of the QIPP programme for 2013-14, and a narrative explaining where schemes are not achieving their expected levels of change.

The governance section is now detailed within the Committee and Subgroup reports.

KEY SECTIONS FOR PARTICULAR NOTE:
The narrative covering areas of concern and actions for delivering improvements.

RECOMMENDATIONS:
To note this report.

RISKS IDENTIFIED:
The areas of concern held within the performance and assurance framework sections.

FINANCIAL IMPLICATIONS:
None.

GOVERNING BODY OBJECTIVES for 2013/14:
Please indicate below all the domains which the paper provides evidence for:

☐ **Domain One**: A strong clinical focus and multi professional focus which brings real added value
☐ **Domain Two**: Meaningful engagement with patients, carers and their communities
☒ **Domain Three**: Clear and credible plans which continue to deliver the QIPP challenge within financial resources, in line with national requirements (including outcomes) and the local joint health and wellbeing strategy
☒ **Domain Four**: Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities, including financial control, as well as effectively commission all the services for which they are responsible.
☒ **Domain Five**: Collaborative arrangements for commissioning with other CCGs, local authorities and NHS England as well as the appropriate external commissioning support
☐ **Domain Six**: Great leaders who individually and collectively can make a real difference

EQUALITY IMPACT ASSESSMENT:
None.

PRIVACY IMPACT ASSESSMENT:
None.

Section 1: Performance Report

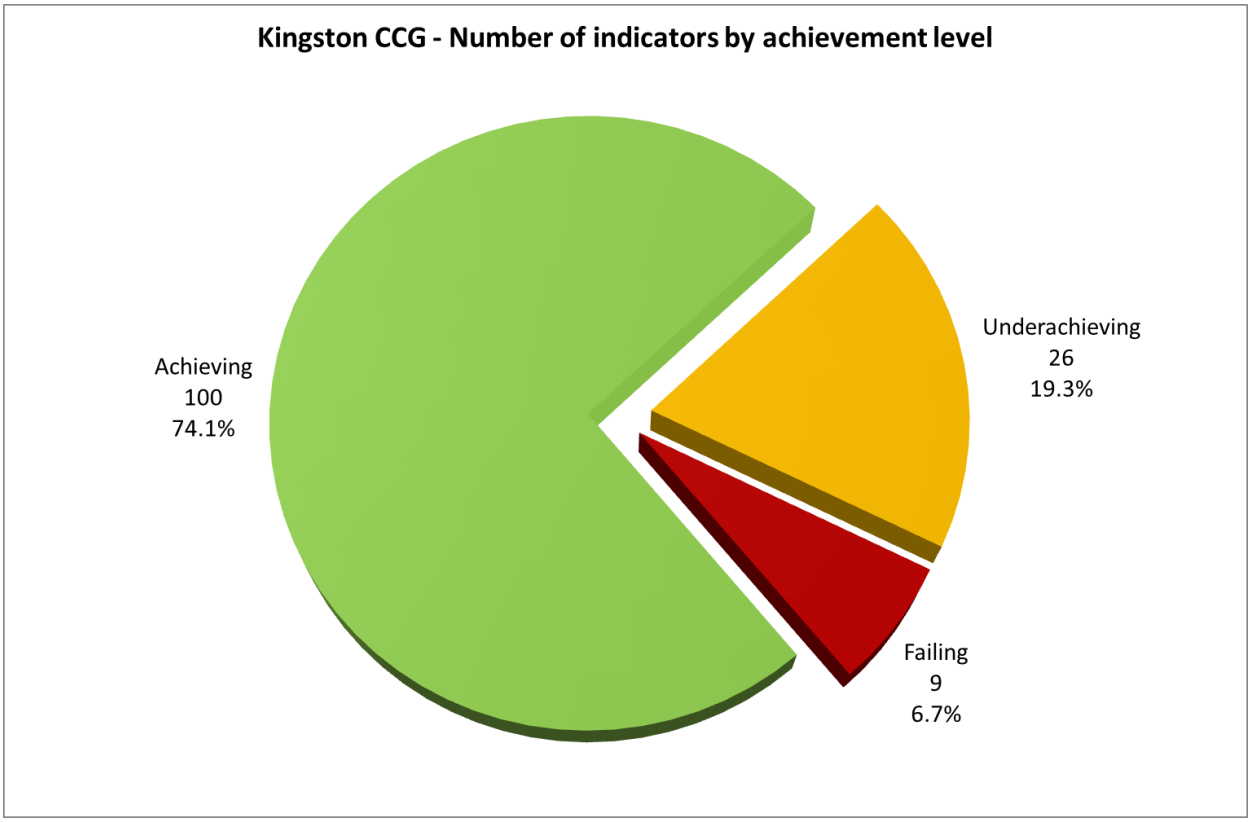
1.1 Overall Position

As at the 14th October 2013, Kingston CCG is showing the overall position against the following areas:

Report Date: 11:00 14th October 2013

Indicator	Forecast
CCG Outcomes Indicators	
1. Preventing people from dying prematurely	G
2. Enhancing quality of life for people with long-term conditions	G
3. Helping people to recover from episodes of ill health or following injury	G
4. Ensuring that people have a positive experience of care	A
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	A
CCG National Measures	
Acute Care	G
Mental Health/ Non-Acute Care	A
Everyone Counts - Local Priorities	G
CCG Local Measures	
Kingston Hospital NHSFT	G
South West London and St Georges MHT	A
Your Healthcare CIC	G
CCG-Hosted CQUINS (Reported on Trust-wide performance, showing % of CQUIN received)	
Kingston Hospital FNHST	G
South West London and St Georges MHT	G
Your Healthcare CIC	G
CCG Financial Measures	
Statutory and Key financial targets	G
Main Areas of Financial Performance	G
CCG Internal Measures	
Organisational Indicators	A

Kingston CCG is achieving 74.1% of the indicators, as seen below:



Areas of Concern

Report Date: 11:00 14th October 2013

Indicator	Reporting Frequency	Latest Actual	Latest target	YTD Actual	YTD Target	Period	Trend/ Direction	Year end forecast	Forecast
CCG Outcomes Indicators									
4. Ensuring that people have a positive experience of care									
Friends and family test for acute inpatient care and A&E (NHS OF 4c) - Kingston Hospital	Monthly	60	64	53	64	Aug-13		53	A
5. Treating and caring for people in a safe environment and protecting them from avoidable harm									
Incidence of venous thromboembolism (VTE) (NHS OF 5.1) - Kingston Hospital	Monthly	93.8%	95.0%	93.9%	95.0%	Aug-13		93.9%	A
Incidence of healthcare associated infection: MRSA (NHS OF 5.2.i)	Monthly	1	0	3	0	Sep-13		6	R
Incidence of healthcare associated infection: C Difficile (NHS OF 5.2.ii)	Monthly	4	2	20	13	Sep-13		40	R
CCG National Measures									
Acute Care									
Cancer 1st treatment 62 days: Screening Referral	Monthly	100.0%	90.0%	85.71%	90.0%	Aug-13		85.7%	A
Ambulance handover time (within 15 minutes) (LAS-wide)	Monthly	66.20%	100.0%	64.60%	100.0%	Aug-13		64.6%	R
Number of 52 week Referral to Treatment Pathways: non-admitted patients	Monthly	0.00%	0.05%	0.07%	0.05%	Aug-13		0.07%	A
Diagnostic tests waiting 6 weeks or more	Monthly	7.47%	1.00%	2.58%	1.00%	Aug-13		2.58%	A
Harmoni SPA 111: Proportion of 'warm transfers' to a clinician	Monthly	73.4%	95.00%	35.5%	95.0%	Aug-13		35.50%	R
Harmoni SPA 111: Called back within 10 minutes	Monthly	57.06%	90.00%	55.7%	90.00%	Aug-13		55.66%	R
A&E Attendances	Monthly	4,778	5,078	25,769	25,060	Aug-13		61,846	A
Mixed Sex Accommodation (MSA) Breaches	Monthly	1	0	2	0	Aug-13		5	R
Mental Health/ Non-Acute Care									
IAPT - Patient numbers as % of Population with Depression etc.	Monthly	0.54%	0.79%	3.01%	3.66%	Aug-13		9.6%	R
IAPT – proportion moving to recovery	Monthly	29.63%	41.0%	38.65%	41.0%	Aug-13		38.6%	A
CCG Local Measures									
South West London and St Georges MHT									
Proportion of patients with a valid and in-date HoNoS PbR cluster	Monthly	78.0%	95.0%	78.0%	95.0%	Aug-13		78.0%	R
CMHT % of referrals not assessed within 28 days from referral	Monthly	37.0%	22.0%	37.0%	22.0%	Aug-13		37.0%	R
CMHT % of CPA caseload receiving face to face/ telephone contact in month	Monthly	79.0%	80.0%	79.0%	80.0%	Aug-13		79.0%	A

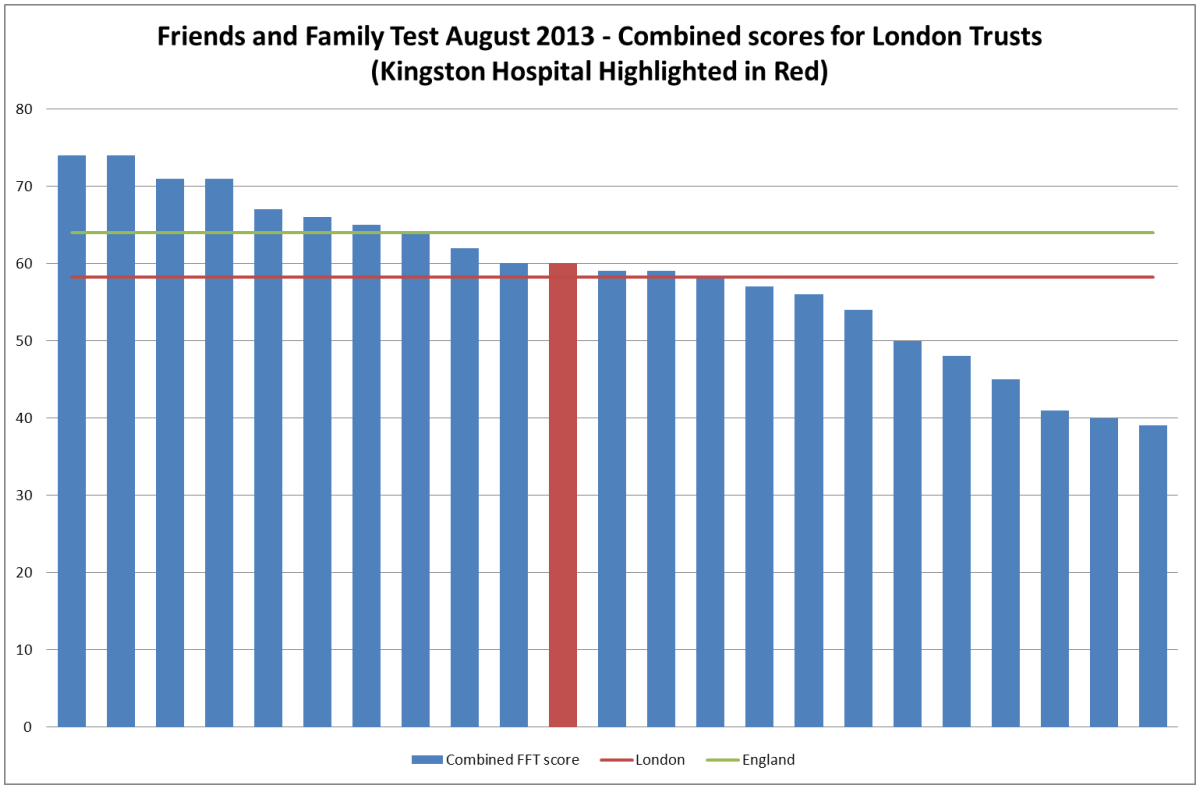
The table below shows the exceptions on published data reported on or before 14th October 2013.

1.2 CCG Outcome Measures

1.2.1 Friends and family test for acute inpatient care and A&E

The friends and family test is a brief survey, which at the moment is being asked in Hospitals with either an Accident and Emergency or Inpatient department. The score is using the “Net Promoter Score” methodology, which is the proportion of respondents who would be extremely likely to recommend (response category: “extremely likely”) minus the proportion of respondents who would not recommend (response categories: “neither likely nor unlikely”, “unlikely” and “extremely unlikely”). Kingston Hospital is regularly reporting to the Clinical Quality Review Group, who will manage the progress on this indicator. Kingston Hospital had a 16.2% combined response rate for August, above the response rate target of 15%.

A chart of the comparative performance for August is below, which shows that whilst Kingston Hospital is below the Combined FFT score for England, they are above the London Average:



1.2.2 Incidence of venous thromboembolism (VTE)

Action has been taken by Kingston Hospital to identify the cause of the under-performance, and have identified that whilst the VTE assessments are being carried out by checking patient drug charts to ensure that patients are receiving VTE prophylaxis, there has been a reduction of the recording of the assessments on the Trust clinical system. The trust has now implemented a solution and performance has been improving and has been above the 95% target in June and July, the dip in August performance is due to the changeover of medical staff in August. Training of junior doctors is being undertaken to ensure the VTE checks are carried out going forward. The CQUIN target is now 95% and the Trust is being monitored in the CQRG meetings to ensure compliance.

1.2.3 Incidence of healthcare associated infection: MRSA

An MRSA breach has been diagnosed and reported by Kingston Hospital in September 2013. The Post-infection review (PIR) has begun, the results of which are due by 14th October 2013. This is the third reported MRSA breach in 2013-14 for Kingston CCG.

1.2.4 Incidence of healthcare associated infection: C-Difficile

As of 30th September 2013, Kingston CCG has had a total of 20 C-Difficile cases against the year-to-date target of 13, and the annual CCG target of 25. Of these breaches, 17 have been reported by Kingston Hospital, with the remaining 2 breaches being reported by The Royal Marsden and Epsom & St Helier.

Kingston Hospital have reported 15 Hospital-Acquired C-Difficile cases as at 30th September against an annual plan of 15.The infection prevention and control (IPC) nurses from South London Commissioning Support Unit (SL CSU) are in regular dialogue with the IPC nurses at Kingston Hospital , which includes regular site visits, sharing best practice and the scrutiny and review of Kingston Hospital's action plan. This remains a standing item on the Kingston Hospital CQRG agenda with monthly scrutiny and updates on progress.

1.3 CCG National Measures

1.3.1 Cancer 1st treatment 62 days for Screening referrals

For the period 1st April – 31st August 2013, 7 patients have received first definitive treatment for cancer where the referral originated from a NHS Cancer Screening Service. Of these 7, there has been 1 breach of that standard in June. The cause of the breach was a delay in transferring the patient to the Royal Marsden from the St Georges Healthcare, which identified the cancer – this transfer was received by the Royal Marsden on day 66. Kingston CCG has sought assurance from the South London CSU that work is being carried out to minimise any delays in transferring patients. Unfortunately, this performance is still below the National target due to the very small patient cohorts involved.

1.3.2 Ambulance Handover time (London Ambulance Service)

This indicator is new for 2013-14, with the performance measured across the whole of the produced is LAS-wide, with a target of 100% of patient handovers to be completed within 15 minutes. A new HAS system was implemented in September, which allows the accurate capturing of 30-60 minute breaches. For August the CSU has undertaken a validation of all 30 and 60 minute breaches with the Acute Trusts. Handover breaches are monitored by the CSU through the bi weekly SWL CCG Pressure & Performance conference calls with all SWL Trusts. There were two 30 minute breaches at Kingston Hospital in August and zero 60 minute breaches which is very good performance.

1.3.3 Number of 52 week Referral to Treatment Pathways: non-admitted patients

There was one 52 week RTT breach at Kingston Hospital in August 2013. The patient was initially referred to an inappropriate consultant, resulting in a consultant to consultant referral. The patient then cancelled a scheduled surgery and following this required 2 pre-assessment appointments resulting in a further delay and a 52 week breach. The year to data figure contains breaches that were data errors in June 2013, which Kingston Hospital are correcting and re-uploading the data to the DH; these are still included until the data has been refreshed and re-published.

1.3.4 Diagnostic tests waiting 6 weeks or more

In September there were 183 patients waiting more than 6 weeks for a diagnostic test. These 6 week breaches are in Kingston Hospital, and almost entirely relate to Non-obstetric Ultrasound, where a resignation of the Lead Sonographer and another staff member being on long-term sickness has severely reduced capacity in the team. The Trust are interviewing at the moment, and are putting on additional evening clinics using locum cover, which should clear the backlog by October/ November.

1.3.5 Harmoni SPA 111: Proportion of calls 'warm-transferred to a Clinician and Patients Called back within 10 minutes

As previously reported, whilst the year to date figure has been held back by the poor start at the beginning of the financial year, monthly performance from May to August 2013 is ahead of target for calls answered in 60 seconds. Kingston CCG continues to work closely with SL CSU to pursue remaining areas of concerning performance. The improvement in calls answered within 60 seconds is being sustained and Harmoni's data confirms that there is now a consistency of service at weekends as well as weekdays.

Ideally there should be no call backs during the course of completing the clinical assessment, and where there is a necessity for a call back to take place it is carried out within 10 minutes of the patient being informed. Harmoni has not been able to deliver on this requirement from the outset. Although the number of call backs has stabilised over the last few months it is still well short of the 90% target, which is also consistent between weekdays and weekends. Harmoni have a recovery and improvement plan which includes the recruitment and retention of clinical staff, which has been flagged as a national issue. A deadline for improvement has been set for September 2013, and the issue has been escalated. A performance notice has been issued.

1.3.6 A&E Attendances

Accident and emergency attendance numbers for April – August 2013 are 2.83% higher than expected compared to the number at the same period in 2012. This is as a result of increased pressures in April and the first half of May, which were seen nationally. However, A&E Attendance levels in the later part of the year have dropped below planned levels, so Kingston CCG should see a normalising back to plan as the year continues.

Kingston has set up an Urgent Care Board, which will examine differences in activity and performance trends, as well as to work through a detailed demand and capacity plan, which has been fully assured by NHS England and Monitor on the 10th October 2013.

1.3.7 IAPT Patient numbers as a proportion of population with depression, and IAPT proportion of patients moving to recovery

Commissioners had agreed that during the implementation period of the new IAPT Community Wellbeing Service, there would likely be a period in which the services would not perform to the expected performance. This new trajectory has now been agreed, working from the Quarter 1 position showing 2% population coverage and 39% moving to recovery, with increasing monthly targets managed through the regular performance and contract meetings with the new service. Based on the August position within the IGC Integrated Performance Report, the 3.01% of people have entered treatment against a cumulative plan of 3.66%, and 38.65% of people moving to recovery compared to a cumulative plan of 41%.

There have been significant issues up to the end of August with both the staffing levels and the availability of accommodation to run extended and group sessions. Rooms have now been booked across Kingston from the start of October, and interim PWP's have been appointed up to full complement to cover staffing gaps until the newly appointed PWP's have completed their training in December.

1.3.8 Mixed Sex Accommodation (MSA) Breaches

There was 1 MSA breach at Epsom and St Helier in August. There have been on-going problems at Epsom & St Helier due to delayed discharges within critical care (+6hrs) where the appropriate bed is not available and the patient remains in a mixed step down area. This is a problem for many of the Trusts nationally. The Trust is taking action by implementing a robust escalation process that is now in place and each breach has been escalated internally at director level.

1.4 CCG Local Measures

1.4.1 Proportion of patients with a valid and in-date HoNoS PbR cluster

CCGS are required to support mental health trusts in their preparations for payment under Payment by Results by MH care cluster, with Mental Health trusts being required to ensure that their patients are assessed regularly and are therefore grouped into the most appropriate category.

Overall there has been a decrease in “valid” clustering across South West London and St George's Mental Health Trust during the past six to seven months, although the . National Benchmarks for January to March 2013 from the mental health minimum data set show that the Trust has the second highest rate of clustering in London. The indicator used to describe valid clustering is a measure of whether these clusters are still in date and have basic data quality metrics applied.

This is a significant concern and SWL & St G has identified a consultant to provide clinical leadership to this issue and it has developed an action plan. SWL & St G will shortly hold an event for clinicians to reinforce this priority.

1.4.2 CMHT percentage of referrals not assessed within 28 days from referral/ CMHT percentage of CPA caseload receiving face to face/ telephone contact in month

As at August 2013, South West London and St Georges did not assess 37% of referrals into Community Mental Health Teams within 28 days, against a target of 22%. This is a static position and is being achieved by non-Kingston CMHTs run by South West London and St Georges. The position against the percentage of CPA caseload within CMHTs receiving face to face/ telephone contact in month however, has improved slightly to 79% against the 80% target.

South West London and St Georges have reviewed the services provided by CMHTs and have produced an action plan around the following areas:

a. Performance management support and systems in place to manage timely out-coming of assessment appointments. Daily clinical focus and performance management to improve timely discharge from the team.
b. Refining the duty function so that referrals have daily review by both team manager and medical staff. This will lead to decision-making and allocation of initial assessment by the most appropriate profession, without delay for weekly MDT review.
c. Finalising the merging of the functions within the New Malden and Kingston CMHTs to ensure consistency across the teams to enable greater combined resources to improve quicker access to initial assessment.
d. Enhancing the communication with clients to focus on the effective utilisation of technology such as text and phoning to keep in contact with clients. A tool for automated texts is being scoped to reduce the proportion of people not attending with no notice.

Both of the CMHT targets are being managed through the South West London and St Georges MHT Clinical Quality Review Group, as they are showing only marginal gains in performance and these issues directly affect patient care.

A full scorecard is available on GPTeamNet at https://portal.gpteamnet.co.uk/Library/ViewItem/9de9bcc7-33a8-4357-9928-a21a01107284, or upon request.

1.5 CCG Assurance Framework Balanced Scorecard

Below is the NHS England CCG Assurance Framework Balanced Scorecard:

Region	**London**
CCG:	NHS Kingston CCG
Last Refresh Date	**04 October 2013**

Print Out | Reporting | Escalation Framework | Support

CCG Assurance Framework Balance Scorecard Summary

Domain Buttons	Domain Titles	Domain RAG Status	Domain RAG Summary			Status
Domain 1	Are local people getting good quality care?	AMBER-GREEN	The number of indicators triggering a	AMBER-GREEN	3	Self-certification complete
Domain 2	Are patient rights under the NHS Constitution being promoted?	AMBER-RED	The number of indicators triggering a	AMBER-RED	1 RED	No self-certification data
Domain 3	Are health outcomes improving for local people?	AMBER-RED	The number of indicators triggering a	AMBER-RED	1 RED	Self-certification complete
Domain 4	Are CCGs delivering services within their financial plans?	GREEN	All indicators met		6	Self-certification complete
Domain 5	Are conditions of CCG authorisation being addressed and removed (where relevant)?	No RAG	Total number of outstanding conditions		0	Fully Authorised

1.6 NHS England CCG Assurance Framework Exceptions by Domain, cross-referenced to the performance report section above where applicable

1.6.1 Domain 1 - Are local people getting good quality care?

a. Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?

[Relates to CCG Outcome Measures – 1.2.1 Friends and family test for acute inpatient care and A&E].

b. **Do provider level indicators from the National Quality Dashboard show that the provider has reported more C-Difficile cases than trajectory?**

[Relates to CCG Outcome Measures 1.2.4 – Incidence of healthcare associated infection: C-Difficile].

c. Has the provider experienced any 'Never Events' during the last quarter?

Kingston Hospital had reported a never event in quarter 1 on STEIS, as reported to the Governing Body meeting on the 3rd September 2013.

1.6.2 Domain 2 - Are patient rights under the NHS Constitution being promoted?

a. Number of patients waiting more than 52 weeks

[Relates to 1.3 CCG National Measures – 1.3.3 Number of 52 week Referral to Treatment Pathways: non-admitted patients]

b. Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers

[Relates to CCG National Measures – 1.3.1 Cancer 1st treatment 62 days for screening referrals].

c. Minimise mixed sex accommodation breaches

[Relates to CCG National Measures – 1.3.8 Mixed Sex Accommodation (MSA) Breaches].

1.6.3 Domain 3 - Are health outcomes improving for local people?

a. Incidence of healthcare associated infection (HCAI) i) C-Difficile

[Relates to CCG Outcome Measures - 1.2.4 Incidence of healthcare associated infection: C-Difficile].

b. Is the CCG progressing as expected in the IAPT trajectory submitted during the planning round?

[Relates to CCG National Measures - 1.3.7 IAPT Patient numbers as a proportion of population with depression].

1.7 QIPP Programme Overall Position for 2013-14 - Update to September 2013

Status Summary

QIPP schemes (RAG based on project manager assessment of full year savings target deliverability; not reported = A) - **vs Revised savings targets Sep13**	G	A	R	Total
Service redesign projects	3	3	4	**10**
Contract / budget adjustments	25	0	0	**25**
Total	**28**	**3**	**4**	**35**

								To September 2013 - £k			To March 2014 - £k		
A. Service redesign Schemes		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	YTD net saving target	YTD net saving estimate	YTD variance	Full year net saving target	Full year net saving projection	FY variance
1. Admission avoidance	Project manager overall assessment of 13/14 year to date progress	G	G	G	G	G	G	68	133	65	136	318	182
	Project manager current assessment of 13/14 full year savings target deliverability	G	G	G	G	G	G						
2. Patient centred angina management	Project manager overall assessment of 13/14 year to date progress	R	R	A	A	A	A	94	0	-94	261	22	-239
	Project manager current assessment of 13/14 full year savings target deliverability	R	R	A	R	A	A						
3a. Telehealth	Project manager overall assessment of 13/14 year to date progress	A	A	A	R	G	A	37	16	-21	100	56	-44
	Project manager current assessment of 13/14 full year savings target deliverability	A	A	A	R	G	R						
3b. Risk stratification	Project manager overall assessment of 13/14 year to date progress	A	A	A	R	A	R	37	0	-37	100	100	0
	Project manager current assessment of 13/14 full year savings target deliverability	A	A	A	R	R	R						
4. Direct access audiology	Project manager overall assessment of 13/14 year to date progress	G	G	G	A	A		16	2	-14	33	26	-7
	Project manager current assessment of 13/14 full year savings target deliverability	G	G	G	R	R							
5. Kingston at Home - community beds	Project manager overall assessment of 13/14 year to date progress	G	G	G	G	G	G	204	204	0	300	338	38
	Project manager current assessment of 13/14 full year savings target deliverability	G	G	G	G	G	G						
6. Rheumatology	Project manager overall assessment of 13/14 year to date progress	A	A	A	G	A	A	20	6	-14	50	50	0
	Project manager current assessment of 13/14 full year savings target deliverability	A	A	A	G	A	A						
7. Cardiology	Project manager overall assessment of 13/14 year to date progress	G	G	G	G	G	G	0	0	0	26	0	-26
	Project manager current assessment of 13/14 full year savings target deliverability	R	R	R	R	R	R						
8. SPA111	Project manager overall assessment of 13/14 year to date progress	A	A	A	A	A	G	33	33	0	66	66	0
	Project manager current assessment of 13/14 full year savings target deliverability	A	G	G	G	G	G						
9. Referral management	Project manager overall assessment of 13/14 year to date progress	A	A	A	A	A	A	0	0	0	50	50	0
	Project manager current assessment of 13/14 full year savings target deliverability	A	A	A	A	A	A						
A. Service redesign schemes (10) totals - Original QIPP schemes - position vs Sept13 revised plans and								**509**	**394**	**-115**	**1,122**	**1,026**	**-96**
B1. Original contract / budget adjustment schemes (25 schemes, YTD figs based on apportioning full year projection)								**2,338**	**2,388**	**50**	**4,878**	**4,878**	**0**
Kingston CCG Total								**2,847**	**2,782**	**-65**	**6,000**	**5,904**	**-96**
Kingston CCG Total Submitted to NHSE											**6,000**	**5,904**	**-96**

Below is the update regarding the activity-related QIPP Schemes, as above (September 2013):

	Re-design Scheme	Brief update at end September 2013
1	Admission avoidance	• Scheme progressing in excess of planned levels.
2	Patient centred angina	• Scheme launched and initial cohort of patients participating. • Delayed start means projected savings will slip into future years. • Some issues re attracting referrals (GP and KHT) though highly positive early comments from cohort 1 patients and clinical staff providing expected to resolve.
3a	Telehealth	• Patient numbers below revised estimates though additional flow may be possible from pulmonary rehab service. • However provision discontinuation framework expected to be initiated in early 2014 so target numbers now unlikely to be met.
3b	Risk stratification	• Practice training progressing in line with plan but information governance issues continue to impact on implementation.
4	Direct access audiology	• Uptake behind plan; efforts redoubled to publicise the service and direct access arrangements and introduce triage expected to improve situation.
5	Kingston at Home – community beds	• Target bed reduction achieved on time, length of stay reduced ahead of plan and enhancement of domiciliary provision progressing. • Thanks to Your Healthcare for delivery of this complex project.
6	Rheumatology	• Redirection of GP referrals by triage and reduction in 1st outpatient appointments being achieved, but not yet to target levels projected. • Full year achievement anticipated but up to date SUS data not available to confirm.
7	Cardiology	• Review and re-working of plans progressing, to be tested with stakeholders and for approval in Oct/ Nov 2013. • Now no expectation of financial savings in 2013/14.
8	NHS 111	• Activity shortfall in both quarters 1 and 2, and no expectation of increase in rest of year gives confidence that full estimated rebate with be due.
9	Referral management	• Project plan agreed, initial work with targets for attention progressing, initial impact not expected until Oct 2013.